

SERFF Tracking Number:	LHLI-126264260	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	43204
Company Tracking Number:	REINSAPP10ARRH		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	REINSAPP10-AR		
Project Name/Number:	Reinstatement Application for Life Insurance/		

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: REINSAPP10-AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: LHLI-126264260

SERFF Status: Closed-Approved-Closed

Co Tr Num: REINSAPP10ARRH

Authors: Shirley Grossman, Cathy
Patterson, Wanda McNeece, Sally
Roudebush, Rodney Hartwig

Date Submitted: 08/12/2009

State: Arkansas

State Tr Num: 43204

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Reinstatement Application for Life Insurance

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/12/2009

Deemer Date:

Submitted By: Rodney Hartwig

Filing Description:

August 12, 2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/12/2009

Created By: Rodney Hartwig

Corresponding Filing Tracking Number:

Life Filings Section

Arkansas Insurance Department

1200 W 3rd St

Little Rock AR 72201-1904

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Re: Lincoln Heritage Life Insurance Company, NAIC #65927
FEIN #04-2314290

REINSAPP10-AR – Reinstatement Application for Life Insurance

Dear Sir or Madam:

We submit reinstatement application form PRFREINAPP08-AR for your review and approval.

This reinstatement application form will initially be used for reinstatement and redating the life insurance policies of our current policyholders that have lapsed.

This form will not be marketed with an illustration.

Form PRFREINAPP08-AR is a new form and does not replace any form currently on file with your department.

Form PRFREINAPP08-AR will initially be used with policy forms WL06-AR and 20P06-AR.

Policy forms WL06-AR and 20P06-AR were submitted as a paper filing. These forms were approved on November 14, 2005.

To the best of my knowledge, information and belief, this form is in compliance with the provisions of the insurance laws, rules and regulations of your state, and does not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information concerning this filing, contact me at 800-433-8181 or e-mail me at rodney.hartwig@londen-insurance.com.

Sincerely,

Rodney Hartwig
Compliance Associate

Company and Contact

Filing Contact Information

SERFF Tracking Number: LHLI-126264260 State: Arkansas
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Rodney Hartwig, rodney.hartwig@londen-insurance.com
 4343 E Camelback Rd 800-433-8181 [Phone]
 Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois
 4343 East Camelback Road Group Code: Company Type: Life and Health
 Phoenix, AZ 85018 Group Name: State ID Number:
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form x \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	08/12/2009	29804604

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/12/2009	08/12/2009

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<i>Product Name:</i>	<i>REINSAPP10-AR</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application for Life Insurance/</i>		

Disposition

Disposition Date: 08/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Reinstatement Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: REINSAPP10-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	REINSAPP10-AR	Application/ Reinstatement Enrollment Form	Initial		41.000	REINSAPP10-AR.pdf
		Application for Life Insurance				

APPLICATION FOR REINSTATEMENT

Lincoln Heritage Life Insurance Company
Executive Offices
4343 East Camelback Road
Phoenix, AZ 85018

REDATE ☐

Insured(s) _____ Policy # _____

I understand that said policy will not be reinstated until this application has been approved by the Company and the necessary premium has been received at the Home Office. The following representations may be used as a basis for contest of a claim for not more than two (2) years after the date of such representation.

	Yes	No	
1. Has any proposed insured used any form of tobacco in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is any proposed insured currently, or in the past 90 days, been hospitalized, bedridden, confined to a nursing facility, received hospice care or used oxygen to assist in breathing?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Within the past 90 days, has any proposed insured had a heart attack, stroke, ALS (Lou Gehrig's disease) or received treatment (including surgery, radiation or chemotherapy) for internal cancer?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has any proposed insured been diagnosed, by a member of the medical profession, with Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has any proposed insured been diagnosed, by a physician, with a terminal illness?	<input type="checkbox"/>	<input type="checkbox"/>	
6. In the past two years, has any proposed insured been diagnosed with or been treated by a physician or taken medication for any of the following conditions: (please circle the condition/conditions)			
Alcoholism	Dementia	Kidney Disease	Multiple Sclerosis
Alzheimer's Disease	Drug Abuse	Leukemia	Organic Brain Syndrome
Angina Pectoris	Heart Attack	Liver Disease	Parkinson's Disease
Aneurysm	Heart Disease	Lung Disease	Sickle Cell Anemia
Cirrhosis	Heart Surgery	Lupus	Stroke
Congestive Heart Failure	Internal Cancer	Malignant Melanoma	<input type="checkbox"/>
a. An amputation caused by disease, had or been advised to have surgery for a heart condition or blood vessel disease?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Tested positive for Human Immunodeficiency Virus (HIV)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Had a diagnostic test for which results have not been received?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Uncontrolled high blood pressure OR uncontrolled diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Both controlled high blood pressure AND insulin dependent diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
f. (Applies to insureds Age 25 and under only) Cerebral Palsy, Cystic Fibrosis, Diabetes, Down's Syndrome, Multiple Sclerosis or Muscular Dystrophy?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is any proposed insured currently incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do all proposed insureds permanently reside in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is any insured taking any medications? If so, list medication(s) and usage(s) below:	<input type="checkbox"/>	<input type="checkbox"/>	

Current Medications and Usages: _____

Describe illness or injuries: _____
_____ Date of onset: _____

Date(s) of Hospitalization(s): _____ Doctor's Phone # _____

Doctor's Name and Address _____

**I have read the above questions and answers. I affirm that they are true to the best of my knowledge and belief.
I understand that the company will rely on my answers above in reinstating any life insurance hereunder.**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If previously on Automatic Bank Draft / PreAuthorized Payment Plan, do you wish to resume? ☐ Yes ☐ No

Signature of Owner _____ Date: _____

Signature of Insured: _____ Date: _____

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
CERT OF FLESCH.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Please See Form Schedule Tab		
Comments:			

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules, and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s): REINSAPP10-AR – Reinstatement Application for Life Insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Rodney Hartwig, Compliance Associate

August 12, 2009